

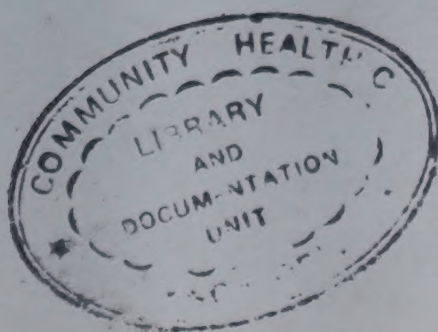
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**FINAL REPORT**

**SEMINAR ON COLLABORATION BETWEEN GOVERNMENT  
AND NON-GOVERNMENT ORGANIZATIONS  
FOR MATERNAL HEALTH AND FAMILY PLANNING PROGRAMS**

**Yogyakarta, Indonesia  
October 7-12, 1991**

**The Asia Department, and  
The Economic Development Institute (EDI), of the World Bank  
The United Nations Population Fund (UNFPA), and  
The National Family Planning and Coordinating Board (BKKBN) of Indonesia**



**Washington, D.C.  
January 13, 1992**

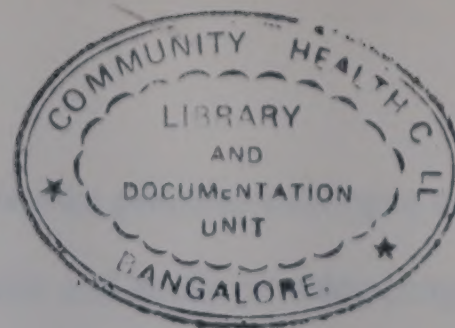


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**Community Health Cell**  
*Library and Documentation Unit*  
BANGALORE

## **I. INTRODUCTION**



This final report will provide a brief overview on the background and objectives of the above-named seminar, discuss the characteristics of seminar participants, review case studies and principal issues discussed, and present copies of the Action Plans prepared by seminar participants.

## **II. BACKGROUND AND OBJECTIVES**

The first Seminar on Collaboration Between Government and Non-Government Organizations for Maternal Health and Family Planning Programs was held October 7 - 14, 1991, in Yogyakarta, Indonesia. It was jointly designed and organized by the Human Resources Division of the Economic Development Institute of the World Bank and the Asia and Pacific Division of the United Nations Population Fund. The seminar was held in cooperation with the Indonesian Family Planning Board, or BKKBN. This activity was the first in a joint EDIHR/UNFPA program that will consist of a second regional seminar, as well as a series of national follow-up seminars for countries participating in the regional seminars that will focus on improving government/NGO collaboration at the national level.

The Yogyakarta seminar followed up on an important Safe Motherhood South Asia Conference sponsored by the World Bank, UNFPA, the World Health Organization (WHO), and other international organizations in 1990 to respond to critical requirements for improving women's





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health in the region. The purpose of the Yogyakarta Seminar was to: promote a dialogue on policy issues related to expanding the role of NGOs in maternal health and family planning programs in Asia; identify administrative and structural requirements for greater collaboration between NGOs and Government agencies; and outline strategies for meeting these challenges in selected Asian countries. The seminar tied in with planned or actual Bank and UNFPA projects, to ensure on going support for subsequent action.

Specific seminar objectives were as follows:

- A) To discuss opportunities for greater involvement of NGOs in maternal health and family planning programs;
- B) Identify measures to support the expansion of NGO program effort, to ensure long-term program sustainability, greater coordination of NGO and Government efforts, and the formation of a more efficient and effective NGO/Government relationship;
- C) Develop a strategy for specific approaches to facilitating NGO/Government collaboration through World Bank and UNFPA policy, research, advocacy, coordination and project development in participating countries.

The Yogyakarta seminar was designed for countries that have demonstrated NGO program experience in the area of maternal health and family planning, to promote increased collaboration and expansion of NGO program involvement. Five countries were invited to send six participants, three from Government and three from a representative group of NGOs (i.e., umbrella organizations,



national NGOs involved in maternal health, family planning, or women's organizations, and selected state-wide or local organizations).

Of the thirty-three participants in attendance, almost half, or 15, were women. (In Annex 1, please find the final list of participants). NGO representatives comprised about 60% of seminar participants, with a total of twenty attendees, with the remaining officials representing either national or state governments. In general, participants were fairly high level. NGOs sent the executive directors of their national, state-wide, or in a few instances, local programs. Governments sent participants from ministries of health and family welfare, planning, or population ministries; all of these held directorate or division chief positions, with the exception of two Indian Joint Secretaries. The largest country delegation came from Indonesia (ten participants), followed by India (seven), Pakistan (six), Bangladesh (five) and the Philippines (five).

### III. THE SEMINAR OPENING

In his opening address, by Dr. Haryono Suyono, Chairman of the National Family Planning Coordination Board of Indonesia, explained the BKKBN approach to NGO collaborating saying, "To sustain the growth of the program, BKKBN has taken a proactive role by shifting its emphasis from a purely government implemented program into a broad based popular social movement involving people from various socio-economic classes." He pointed out that governments are currently experiencing difficulty financing social welfare programs, making it all the more important to bring in private sector. "Each NGO, including religious organizations, academic institutions, professional



groups, has an important contribution to national development. For this reason it is valuable for BKKBN to be in close partnership with NGOs. The development of a mechanism for government and community organizations to cooperate and work together in harmony is considered the key to the success of the family planning movement in Indonesia."

During her keynote speech, Ms. Marianne Haug, Director, AS5DR, focused on two prominent issues: the importance of women's health for economic development; and how governments and NGOs can together improve women's reproductive health. She pointed to increasing recognition of the importance of women's health to both health and development goals, and stated that "success will depend on public and private partnerships forged to mobilize and coordinate efforts." She reviewed the goals of the global Safe Motherhood Initiative, noting that "While there has been a dramatic recent decline in infant mortality, the gap between maternal mortality ratios in the developed and developing countries remain wider than for any other health indicator." Improving women's health is a particularly critical ingredient in alleviating poverty and improving quality of life in South Asia and parts of South East Asia. In addition, "the involvement of NGOs is of considerable importance in the global effort on maternal health and family planning....The Bank encourages participation of NGOs in supporting improved maternal health, particularly through the provision of selected small grants to community-level efforts that could serve as models for wider public or private replication."

National initiatives to improve maternal health and family planning services have resulted in a number of lessons learned. Family planning programs have significant impact on the health of women, and are most successful when offered with a diversity of contraceptive methods, to meet the needs of women of different ages and circumstances. Studies on the cost, effectiveness, and impact



of maternal health interventions have yielded new information on the major impact midwives can make in reducing maternal mortality at low cost. Education and services based on an understanding of women's perceptions and circumstances will be most effective in improving household practices and enhancing the utilization of services. Grassroots participation is relevant to program success, and the World Bank firmly believes involvement of NGOs to be crucial.

Finally, Ms. Haug outlined three challenges for the seminar during the week ahead: How can joint partnerships between NGOs and Governments be developed, or expanded, in each country present, so that necessary resources can be allocated to improving maternal health and family planning programs?; what steps are needed to accelerate the planning and implementation of these partnerships, and how can international organizations represented here provide assistance if it is required?; what can participants from government agencies and NGOs, commit to in terms of establishing a follow-up plan to work together on national seminars and activities that ensure that these plans for NGO/Government collaboration become a reality?

#### **IV. THE EXPERIENCE OF JAPAN AND KOREA IN GOVERNMENT AND NGO COLLABORATION FOR MATERNAL HEALTH AND FAMILY PLANNING PROGRAMS.**

Dr. Michio Hashimoto of the Japanese Organization for International Cooperation in Family Planning, or JOICFP, presented an overview of the Japanese experience in maternal health and family planning program development. He indicated that collaboration between Government and NGOs for maternal health and family planning had evolved during the first decade of this century.



Most of this early cooperation was aimed at maternal and child health initiatives. Since the Government did not officially accept and promote a family planning policy until the 1950's, much of the impetus for program development was initiated by NGOs. In fact, "Without the initiatives and pioneering efforts of the NGOs, family planning programs could not have been as developed as they are at present." JOICFP was responsible for an innovative concept of combining major health initiatives, principally based on de-parasitation of communities, with family planning efforts, in a community-oriented, integrated program. Dr. Hashimoto credits much of the success of Government/NGO collaboration efforts to the following: emphasis on mass communication and education, with Government subsidies directly to NGOs to develop an extensive array of educational materials, audiovisuals, and the like; NGO maintenance of financial autonomy through attention to financial management and income generating projects; development of an integrated approach that was flexible and grassroots - oriented; evolution, with general socio-economic development, to new more advanced patterns of government/NGO collaboration.

In the case of Korea, Dr. Chung-Tai Kim stated that much of the early leadership in terms of development of family planning programs, especially concerning community mobilization and education, was carried out by NGOs. The Planned Parenthood Federation of Korea (PPFK) developed an extensive infrastructure of staff and volunteers, most notably through Mother's classes. In addition, the PPFK handled an extensive training program on family planning for all levels of persons involved, ranging from physicians to administrators, to local community volunteers. Although the Government was initially hostile to family planning, and constrained by regulations and policy from early support or involvement, the Government was able to transfer much of the funding received from foreign donors directly to NGOs, allowing the continuous development of programs until government policy changed in the early 1960s.



## V. KEY ISSUES DISCUSSED DURING THE SEMINAR

### Current Constraints to Effective NGO/Government Collaboration.

Discussion groups during the first few days of the seminar focused on analyzing how government policies and regulations prevent or hinder collaboration with NGOs, how poor communication between government and NGO officials can impede program development and implementation, and how NGO perspectives could be more systematically considered in government strategic planning.

Whether government policy is designed to be supportive towards NGOs, or whether there is a lack of a coherent policy to guide relations with NGOs, can have tremendous impact on NGO program development and operation. Such a policy can affect NGO funding, service delivery, relations with government officials at all levels, and NGO ability to cultivate grassroots collaboration. Where policies are unfavorable, obtaining government funds for projects can be subject to severe delays, victim to a lack of flexibility in terms of required procedure for application for funding, accounting for funds, and acceptability of NGO program formulation. For example, NGOs also carry out information, education, and communication programs, in additions to research and training. In at least one country present (Pakistan), Government regulations restrict IEC programs by NGOs, and do not allow for NGO involvement in training. In other countries, such as India, Indonesia, and Bangladesh, NGO involvement in training is encouraged.



If governments are ready to share the market in an area such as education or training, government investment may be reduced where NGOs can be more effective. One discussion group suggested that NGOs should be allowed and encouraged to carry out training programs in maternal health and family planning, that this should not be exclusive province of the government, and that NGOs should be allowed to charge fees for these services to develop their own financial resources. This training can be geared towards government, NGO, and community leaders, especially at the grassroots levels.

A Government policy in favor of NGOs will promote joint planning and dialogue, encouraging local service collaboration in delivery and utilization of resources. A more open policy, encouraging NGO representation for planning purposes, as well as Government representation in NGO councils, encourages greater acceptance of pluralism, data sharing, credit sharing, and avoidance of duplication of services, and a lessening of the feeling of competition between the two areas. At the same time, policies must be sustainable, and preferably de-politicized, so that they allow for continuous development. NGOs must also retain their autonomy, while collaborating with the Government.

To improve communication between Government and NGOs, forums of dialogue must be institutionalized at all levels, according to the specific characteristics of each country. Networks and coalitions were seen by the discussion groups as important means of regularized exchange of information and planning. However, it was pointed out that communication through interaction can be a slow process, particularly when Government officials are unfamiliar with NGOs. There was some feeling that there must be greater intra-NGO collaboration, as well as inter-departmental coordination of Government ministries. In a few countries, autonomous councils for NGO/Government collaboration have been successful; in India, these are largely utilized as



mechanisms for transmitting Government funds to NGOs; in the Philippines, such a council has been channeling foreign funds to NGOs. Regular information sharing and coordination could occur through an apex body outside the government, that would stress multi sector openness, flexibility, and decentralization. Not only will it serve as a forum for communications, but also an opportunity for joint monitoring of progress. The impact of a Government policy in favor of collaboration will be more limited unless orientation or training is provided to Government officials in a range of levels on why such efforts are important, and how they can be most effective. This would necessitate government identification and support of specific NGO comparative advantage. In Government/NGO dialogue, roles must be clearly defined, and plans formulated to include specific tasks and functions that NGOs will perform. In this manner, policies will become operationalized. Mutual constraints must be better understood. NGO perspectives should be included in Government policy, planning, and program development.

### **Valuable Contributions NGOs Make to National Programs**

NGOs often initiate important development efforts at the micro level. Yet, as established in earlier discussions, there are strong linkages between what happens at the local level, and the macro policies formulated by the government, that hinder or foster NGO efforts. Much of the discussion during this session focused on the need for greater support for NGO contributions. An important step would be giving NGOs a voice in macro policy development, through representation on a planning commission, such as in India, or through creation of foundations to support and fund NGOs that are autonomous, and democratic, free from political maneuvering. In addition, greater



government flexibility is necessary in dealing with the tremendous range of NGOs currently in operation. At the same time, government attempts to exercise control over NGOs should be kept to a minimum.

At several points during this discussion, the question of exactly what is the definition of an NGO was raised, and how this term could be improved upon. Dr. Randy Bulatao broadened this discussion to a wider examination of the private sector in family planning. NGOs were considered as private voluntary organizations, or donor-funded agencies, universities and contractors. Elements of the private sector included private practitioners, clinics, hospitals, employer-supported services, and the commercial outlets for contraceptives, such as pharmacies and shops. In comparing private sector involvement in family planning in Asia with that of other world regions, Dr. Bulatao pointed out that in Asia, where there are well established government programs, the private sector serves only 20 percent of all users; in Latin America and Africa, more than half of all users rely on the private sector. Yet the valuable contributions of the private sector can be extremely beneficial to family planning program development. The private sector can contribute additional resources, greater flexibility, and greater efficiency. In terms of resources, these can include the establishment and management of facilities and outlets in remote areas, or the development of community resources through close ties with communities, and their leaders.

Experimenting with new approaches, nurturing flexibility and freedom from bureaucratic and political interference, are all hallmarks of the private sector, and especially of NGOs. Often, efficiency in the private sector is much greater than with government agencies. Although voluntary organizations may have less expertise in financial management and evaluating cost effectiveness of service provision, technical expertise could be provided in these areas, or funded, by the government.



Not only can program coverage be increased and method mix enhanced by including the private sector, as an important component of family planning programs but greater involvement of the sector should save government funds and donor funds, so that these monies could be applied elsewhere. The government can support the expansion of this sector through support of demand creation, reform of policies and regulation that hinder its expansion, and provision of technical and financial support through subsidies, loans, tax breaks, and pilot project development.

The Government of India has been increasingly committed to greater involvement of NGOs in the health and family welfare sector. Dr. Prem Talwar of the National Institute of Health and Family Welfare in New Delhi, India, gave a paper describing Government efforts to increase NGO involvement. In order to integrate NGOs more effectively, it was decided that a better understanding of NGOs, their purpose, objectives, methods of operation, and principal problems, had to be developed through a comprehensive study. The study was accordingly designed to include: NGOs working with health units and with the community in five states of the country; interviews with a range of NGO and Government program managers. A few issues papers were also commissioned from NGOs.

Findings of the study helped point to the appropriate direction for formulating recommendations to improve collaboration. In terms of NGO experience in working with government schemes, NGO complaints included the following: an unfamiliarity with Government procedures for providing grants to NGOs; rigidity in Government financing schemes; lengthy application processes; access difficulties for more isolated NGOs; unsupportive attitudes of Government officers towards NGOs. At the same time, much enthusiasm was expressed by NGOs for expanding their involvement in family welfare and health activities.



Government support was recommended to allow NGOs to expand, provide orientation and training to staff, and increase manpower. In particular, technical training in program management, monitoring and evaluation were cited as important aids to strengthening NGO programs. Program issues were then identified that centered around three main issues: overcoming current gaps to NGO/Government collaboration; defining new NGO roles; and establishing the nature of future Government financial and technical support to NGOs. Once these issues were discussed at a joint NGO/Government workshop, major recommendations emerged concerning each of these issues. Although key Government officials supporting the proposed changes have since been transferred, causing a delay in their implementation, follow-up has recently begun again in earnest.

#### How can National Sources of Financial Support for Development of NGOs be Improved?

Mr. Varadachar Srinivasan of the Society for Service to Voluntary Agencies (SOSVA) in India presented a case study focusing on how SOSVA serves as a nodal agency to promote the importance of meeting the financial needs of NGOs by raising indigenous funds. The case focuses on three national interventions the author deems are neglected, namely: fund-raising; funds intermediation; and foundation funds. SOSVA is a promotional agency able to flexibly support NGOs in areas where they are weak, either through consultancy or direct operational assistance. In such a manner, this NGO seeks to promote the creation and development of new NGOs, as well as the continued development and expansion of existing NGOs. SOSVA's project goals focus on providing NGOs with training and information for governmental procedures and clearances on NGO matters, liaising with Government on behalf of specific NGO requests, applications for permissions, licenses, and supporting the creation of a stable, diversified supply of NGO funds.



To accomplish these goals, SOSVA is in the process of creating a number of innovations in India to promote use of national sources of funds. This involves the development of the field of fund raising, and the promotion of the establishment of United Ways and Community Foundations, the creation of institutional infrastructure for NGO development through Volunteer Centres for the recruitment, training and placing of volunteers, and the development of physical infrastructure for NGOs. As an agency, SOSVA maintains its own financing through direct fund-raising, cost-recovery, and diversification of funding sources.

Mr. Firman Lubis of Indonesia gave an overview of the history of collaboration between Government and NGOs in his country, with an emphasis on identifying current NGO resources, and how these might be improved. Current resources are divided between international donors (multilateral, bilateral, and NGO), central and local budget authorities, and NGO fund-raising and community contributions. National sources could be improved with Government channels by strengthening Government/NGO collaboration, by Government support to develop greater technical and managerial capability of NGOs, and by Government provision of seed monies and block grants to support NGO formation and expansion. At the same time, Mr. Lubis suggested NGOs should take the initiative to develop their self sustaining activities and capacity, should probably introduce cost recovery (with cross subsidization for the poor), and devote attention to quality services and performance. NGOs must also become more entrepreneurial in identifying unmet needs in marketing their services to the Government, particularly when it involves an area of service only NGOs can provide (i.e., in providing technical advise or services, dealing with sensitive topics or developing, or developing innovative strategies to reach remote or poorly accessible areas).



Small group discussions concentrated on three areas for development of national funding: raising funds from the government; raising funds from the community; and experimenting with alternative funding mechanisms. The discussion on government funds initially concentrated on grants. In order to overcome government inflexibility, delays in the release of funds, and red tape in procedures, it was recommended that coordinating councils for government agencies and NGOs be either initiated or strengthened, at the national, regional, provincial and local levels. This would serve mainly to ensure that NGOs have improved access to grants, and would allow for easier identification of NGOs with good track records and credibility at the local level.

In terms of government loans and credit financing, NGOs often encounter problems because they don't have collateral, cannot guarantee their client-beneficiaries, and cannot access loans because of a lack of information, endorsement, or credit history. Several types of examples overcoming these limitations were put forward by discussion groups. In the Philippines and in India, the World Bank loans to the Government are being channeled in part to NGOs as grants, so that Government is covering all interest incurred. In Bangladesh, the Grameen Bank concept of loaning directly to grassroots beneficiaries has worked well; in addition, there are other models, such as that of BRAC, a cooperative system where repayments are tied up with cooperative loans, or the Foundation for Rural Employment, a new program that offers credit directly to NGOs at a low (4%) service charge. In Pakistan, a council of representative banks could act as a recommending body for NGOs to guarantee loans. Governments could also act as guarantors of NGOs, in conjunction with monitoring by banks. Revolving fund systems to promote sustainability among NGOs are another option. NGOs could also take on a more active role in project identification, preparation, management, evaluation by acting as consultants to donor agencies for projects, and as sub-contractors to implement projects.



In raising funds for NGOs from the community, it was agreed within discussion groups that there was a need for a mix of methods, depending upon the local context, and that some external funds from Government, Banks, companies, must be provided so that there is core funding. This reflected a concern over establishing continuity in funding, and with the degree of competition that may exist among NGOs at the local level. There are a variety of small scale fund-raising efforts that can be undertaken at the community to supplement core funds, such as lotteries, fairs, handicraft sales, charity performances and auctions. More ambitious efforts can involve commercial ventures, the hiring of an advertising agency for a campaign to attract funds from big companies, industries, chambers of commerce. Volunteer activities for fund-raising should be carefully thought out; they can be particularly exploitative as far as women are concerned.

In discussing financing alternatives, especially cost recovery for services rendered by NGOs, the groups noted that steps would have to be taken to create awareness and greater demand for these services. The rationale for cost recovery, since it may appear to be contrary to the NGO premise, will have to be explained and an awareness of its rationale will have to be created. Costs will have to be carefully calculated, with a gradual scale developed for their implementation, and cross subsidies designed to protect the poor. Quality of services may have to improve. Other possible financing measures include NGO membership fees for services from these programs, development of income generating capacity through activities, and, even more long term, development of health insurance schemes that include maternal health and family planning.



### How can International Donor Support for NGOs be Improved?

During discussions by country groups, participants were asked to channel their comments around two basic questions. In the first case, they addressed the question of whether NGO capacities and potential contributions to maternal health and family planning objectives were adequately exploited in donor assisted projects, either when NGOs deal directly with international donors, or when NGOs work with governments on internationally financed projects. The contributions expected of NGOs, and information on the so called "best practices" and "worst practices" of donors were detailed. The second major question revolved around recommendations regarding future modalities and facilities for international donor support of NGOs in maternal health and family planning. An outline of recommendations that had arisen during previous discussions was provided, covering areas such as the strengthening of NGO management and administration, influencing government policies and regulations, financing for NGOs and NGO program activities. What follows is a synthesis of how different country teams responded to these questions, based on their experience with international donors.

There was a great deal of variation in how each country addressed the questions. In Bangladesh, participants felt that direct international funding of NGOs was less desirable, as it may result in some lack of accountability. At the same time, there is an urgent need to channel such funding through the government as expeditiously as possible. On the positive side, policy reforms have taken place based on international agency advocacy of NGO program experience. Examples of these include the establishment of an NGO bureau to simplify registration, project approval and fund release. Donors have also supported NGO experimentation with new methods of contraception, training of doctors and field workers, and development of IEC materials. Criticism was directed at



donors mainly based on the multiplicity of donors involved in the country; confusion at the different interests and priorities of donor agencies can cause program performance to suffer. At times, the nature of the donors' roles are not transparent. In terms of recommendations for improvement, allocations by donor agencies should be for package programs, rather than a component of the package, so that Government and NGOs together can decide on the allocations and distribution of funds. The Bangladesh team stated that donors should avoid influencing Government on behalf of NGOs.

The Indian team concurred with the group from Bangladesh that, while donor interest in all aspects of NGO/Government process is appreciated, as a general rule, donors should not be party to the dialogue or process between Government and NGOs. Rather, at the national level, donor roles should be to facilitate general discussion of NGO support, review on-going programs, and share information; donors should not attempt to determine policies, choices, or strategies. Donors have tended to support NGO involvement in experimental and pilot designs, a main strength of NGOs, in addition to NGO involvement in scaling up projects. While donors should participate in the design of programs, their evaluation and monitoring, this should be in an advisory capacity only, with the local Government and NGO taking on the responsibility of managing the process, to encourage the development of that process, as well as local diversity and flexibility. Funding agencies are seen primarily in a negative light when they attempt to determine the choice of services and strategies that programs should offer. In addition, donors' worst practice is when they often serve as conduits for external industrial interests, promoting companies and products in a confusing and detrimental fashion.



The Indonesian group, on the other hand, took the position that NGO capacities and potential contributions to maternal health and family planning objectives will be better exploited in donor-assisted programs when NGOs are dealing directly with international donors. At the same time, the group pointed out the NGOs should have a long-term or master plan that should be understood by the donors, so that NGO priorities and goals are clear. If NGOs must deal directly with the Government on international donor programs, the "chain" of processing, approval, and management would be too long. The Indonesian team indicated that they would recommend donor support of technical assistance and training for strengthening of NGO management and administration. They advised donors to appreciate Government policies and regulations on NGOs, while at the same time facilitating or supporting NGOs capabilities to the Government in policy and project discussions. Donors should support direct financing of NGOs and NGO program activity and institution building, with selection by donors of NGOs based on ability and credibility of the NGOs. The undesirable practices of donors were identified as being of two principal concerns. First of all, many international agencies suffer from programming that is too vertical in nature, i.e., limited to child health only, or family planning only, or limited to certain kinds of contraception only. This verticality may impinge on the particular NGO mission, which tends to be broader in characteristic. Secondly, in the past, donors have had a distinct lack of appreciation and support for institution building. Fortunately, this may in fact be changing as donors recognize the importance of supporting NGO development.

The team from Pakistan also urged donors to influence the Government on behalf of inclusion of NGOs in policy, planning, and program activity. The group cited a best practice of donor agencies as sending representatives to keep in touch with NGO development activities through visits or exchange of information. Worst practices are seen among other donors as the limitations of insufficient information about NGOs, their specializations, and their activities. They pointed to



insufficient donor influence on Government for inclusion of NGOs. At the same time, the group decided that the potential and capabilities of NGOs are better utilized when they deal directly with donor agencies, rather than dealing with the Government.

The team from The Philippines opined that donors are often organized along vertical lines, in terms of program definition, which do not always coincide with the mandates of NGOs. They also stated that, in the past, international donors had paid too little attention to institutional development. On the whole, the team pleaded for greater involvement on the part of international donors in technical assistance, including NGOs with an advocacy role. The team also agreed that NGOs could be more extensively used for the evaluation of ongoing programs.



## **ANNEX**

### **I. LIST OF PARTICIPANTS**

### **II. PROGRAM**

### **III. ACTION PLANS**

**A. Guidelines for Action Plan Preparation**

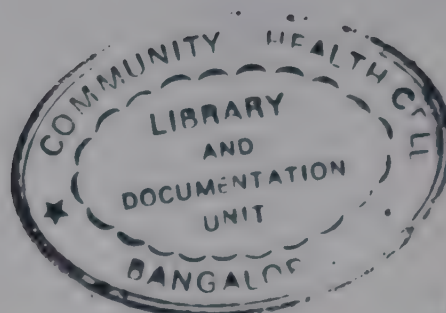
**B. Bangladesh**

**C. India**

**D. Indonesia**

**E. Pakistan**

**F. The Philippines**



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# SEMINAR ON COLLABORATION BETWEEN GOVERNMENT AND NON-GOVERNMENT ORGANIZATIONS FOR MATERNAL HEALTH AND FAMILY PLANNING PROGRAMS

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~~Revised~~  
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**Seminar on Collaboration between Government and Non-Government Organizations  
for Maternal Health and Family Planning Programs  
Yogyakarta, Indonesia, October 7-12, 1991**

Session	Monday Oct. 7/91	Tuesday Oct. 8/91	Wednesday Oct. 9/91	Thursday Oct. 10/91	Friday Oct. 11/91	Saturday Oct. 12/91
A.M. 08:30 - 10:00	OPENING  CEREMONY	<u>Module 1</u> What are the Current Constraints to Effective NGO/ Gov Collab.?	<u>Module 2</u> <u>Field Visit</u> to NGOs in <u>Indonesia</u>	<u>Module 3</u> How can national sources of financial support for development of NGOs be improved? <u>Case Study: India, Indonesia</u>	<u>Module 4</u> Improving the Effectiveness of Institutional Collaboration for Family Planning Programs. <u>Case Study:</u> <u>Bangladesh</u>	<u>Module 4</u> Discussion on Seminar Follow up
10:00	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break
10:30 - 12:30	Seminar Objectives  Introduction: Challenges to Mat. Health and Family Planning Programs in the Asian Region during the 1990's.	Discussion		Discussion	Discussion	Evaluation  Closing Ceremony
12:30	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
P.M. 02:00 - 03:30	<u>Module 1</u> Promoting Collab. between Government and NGOs. Overview of Policies/Experience in Promoting NGO/Gov Collaboration. <u>Case Studies:</u> <u>Japan, Korea.</u>	<u>Module 1</u> What are the most valuable contributions NGOs can make to a national program?		<u>Module 3</u> How can international donor support for NGOs be improved?  World Bank, UNFPA, IPPF	<u>Module 4</u> Defining new legal, regulatory and contractual arrangements for support of NGOs <u>Case Study:</u> <u>Philippines World Bank Project</u>	Participants Departure
03:30	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break
	Discussion	Discussion		Discussion	Discussion	





**PREPARATION OF COUNTRY TEAM  
RECOMMENDATIONS AND ACTION PLANS**

1. Does your country team believe that Government/NGO collaboration in your country could be improved?
2. Please, identify the three or four most important obstacles that interfere with effective Government/NGO collaboration in your country.  
Indicate whether, in your view, they fall into the category of obstacles that can realistically be expected to be removed in the fairly short term (i.e. less than one year) or whether they would need more than one year to be partly or totally removed.

**Obstacles**

---

**Category**

---

**Needs less  
than one year**

**Need more  
than one year**

3. What measures does your team recommend to remove those obstacles?
4. Who (ministry, agency, etc.) would have to take and implement those measures?
5. What opportunities exist to improve Government/NGO collaboration in your country ?
6. How will the dialog between Government and NGO's carried out during the seminar be maintained ?
7. What action(s) do the members of your team intend to take, upon return home, that would help in removing the obstacles and exploiting the opportunities identified above ?
8. When will this/these action(s) be taken ? Who will follow up?





October 12, 1991

**SEMINAR ON COLLABORATION BETWEEN GOVERNMENT AND  
NON-GOVERNMENT ORGANIZATIONS FOR MATERNAL HEALTH  
AND FAMILY PLANNING PROGRAMS**

**Strategy and Plan of Action for Enhancing Government/NGO Collaboration in  
Maternal Health and Family Planning in Bangladesh**

**Overall Impression:**

- GOVERNMENT-NGO RELATIONSHIP IS WELL-ESTABLISHED, POSITIVE AND GROWING STRONGER.
- NEVERTHELESS: CERTAIN PROBLEMS NEED ATTENTION.

**PROBLEMS:**

1. Lack of understanding of Government-NGO executives:
  - About Programmes:
    - . Mutual interests
    - . Roles
    - . Responsibilities
2. Lack of flow of information to smaller NGOs:
  - NGOs working at the district and sub-district level.
3. Absence of meaningful programme framework for NGOs in Government of Bangladesh development plan document (master plan).
4. Duplication in the allocation of working areas to NGOs:  
An area is sometimes allocated, to more than one NGO.

### SUGGESTED FOLLOW-UP ACTION

<u>PROGRAM MEASURES</u>	<u>TIME</u>	<u>RESPONSIBILITY</u>
1. A national workshop on collaboration between Government-NGO to be held to sort out common issues of concern.	Four months	MOH and FW
2. "Expert Group" already constituted by Government of Bangladesh (50% Government of Bangladesh and 50% NGO experts) will address in depth, work out action plan for strengthening the collaboration.	Six months	MOH and FW Expert Groups

<u>PROGRAM MEASURES</u>	<u>TIME</u>	<u>RESPONSIBILITY</u>
3. A high level coordination committee to be constituted at the MOH & FW with representatives from NGO Bureau; concerned ministries and NGOs to establish regular dialogue to resolve problems of common concern.	Three months	MOH & FW
4. NGOs would be encouraged to work in low-performing areas and uncovered areas for effective service delivery.	Six-Nine months	MOH & FW NGO Bureau
5. NGOs will have, priority in undertaking innovative programs, to act as forerunners of social change through social mobilization.	Twelve months	MOH & FW and Planning Commission



<u>PROGRAMMES</u>	<u>TIME</u>	<u>RESPONSIBILITY</u>
6. A joint (GOV + NGO) team for supportive supervision and quality control of services will be commissioned to improve performance.	Six-twelve months	MOH & FW
7. Include NGO Representatives in MCH-FP (existing) Committees.	Two-three months	MOH & FW
8. The study already initiated by the Government of Bangladesh on the Assessment of the Degree of of Specialization of the NGOs; and their ability to undertake new initiatives & programmes: . Nation wide, will be completed and followed up.	Nine months	MOH & FW and CIDA





October 12, 1991

**SEMINAR ON COLLABORATION BETWEEN GOVERNMENT AND  
NON-GOVERNMENT ORGANIZATIONS FOR MATERNAL HEALTH  
AND FAMILY PLANNING PROGRAMS**

**Strategy and Plan of Action for Enhancing Government/NGO Collaboration in  
Maternal Health and Family Planning in India**

A start has been made on NGO/Government collaboration in MH/FP in most areas of the country.

This has mainly involved the Ministry of Health and Family Welfare and NGOs. A favourable atmosphere exists to promote this collaboration. Regional meetings have been held all over the country, at the central and state levels. Health and Family Welfare Ministers attended.

A preparatory meeting of participants with the Secretary of Family Welfare followed by clear action plans and regional and state seminars/workshops were held (funding provided by the World Bank - UNFPA).

- . The following action is to be taken within 6 to 8 weeks:
- . Ministry follow-up
- . NGO follow-up
- . NIH-FW to be followed up.
- . More participants at regional level.
- . Donor agencies need to involve government/NGO in NGO related activity/seminars.
- . NGOs: - Bigger - mother units  
- Smaller commitment accountability guidance mother units.





# NGO AND GOVERNMENT COLLABORATION IN INDIA

## CAN DEFINITELY BE FURTHER/IMPROVED

<u>OBSTACLES</u>	<u>CAN BE SOLVED IN 1 YEAR</u>	<u>MORE THAN 1 YEAR</u>
1. Multiplicity of Departments	M & FW	Other related Departments . NGO - many . Integral - fewer
2. Cumbersome & Rigid Procedures	Partly	_____
3. Flexibility of schemes	Partly	_____
4. Openness/Transparency	90%	_____
5. Accountability	Govt./NGO	_____
6. Delays	50%	_____
7. Change in Attitude	- Mutual Trust - Understanding - Complement & Supplement	

National Plan: 2 months





October 12, 1991

**SEMINAR ON COLLABORATION BETWEEN GOVERNMENT AND  
NON-GOVERNMENT ORGANIZATIONS FOR MATERNAL HEALTH  
AND FAMILY PLANNING PROGRAMS**

**Strategy and Plan of Action for Enhancing Government/NGO Collaboration in  
Maternal Health and Family Planning in Indonesia**

**Background:**

The importance of community participation in every aspect of development is recognized by State guidelines on National Development formulated by the People's Consultative Assembly, and subsequently reflected in the five-year plan of the Government.

In the Maternal and Child Health (MCH) and Family Planning areas, the collaboration between government and NGOs has a long history. In the provision of health and medical services, for instance, the role of religious organizations started long before Independence Day. And even when Indonesia's Planned Parenthood Association was established in 1957 and took the initiative of introducing family planning concepts, the agency was using government clinics and doctors as one of its service networks, although the official attitude of the Government at the time was not favorable to family planning activities.

When in 1969 the government officially adopted family planning as one of its national development activities, the program was intensified and extended by involving all government agencies and by inviting NGOs to participate, under the coordination of BKKBN. Not only non-sectarian NGOs such as IPPA, YKB and women's organizations, but also religious organizations like Muhammadiyah, Nahdlatul Ulama, Christian Churches, and Catholic, Buddhist and Hindu groups were invited, in addition to local traditional community organizations such as Banjar in Bali.

In this mass movement, the BKKBN acts not only as a coordinator, but also becomes an umbrella for those organizations which participate in family planning programs. BKKBN provides support to NGOs in many aspects, including legal protection, funding, and physical facilities. For information, education and communication relating to family planning, for instance, the government media channels (both radio and TV) are open to NGOs, practically free of charge, under the facilitation of BKKBN.

There is also another advantage resulting from government and NGO collaboration in Indonesia: even though the government stresses its focus on slowing population growth



and on reaching other demographic objectives, the activities undertaken by NGOs at the grass-root level generally use maternal and child health and family welfare approaches as their entry points. Therefore in such collaboration, the integration of many aspects of human resource development programs takes place through NGO activities.

The Indonesian participants to the Seminar discussed the potential for strengthening collaboration, identified opportunities and challenges that lie ahead, agreed on a common strategy to enhance the effectiveness of the Government/NGO relationship, and outlined a plan of action for implementation of the strategies. A summary of the agreed points is presented in the following sections.

### Potential for Strengthening Collaboration

Looking to the future, with the improvement in the level of education, especially among women, as well as advancements in other socioeconomic indicators, we can expect that the number of NGOs in Indonesia, as well as their scope and potential, will continue to grow. The recognized potential areas of strength of NGOs as partners in the Family Planning Movement include:

1. NGOs (or rather Private Voluntary Organizations --PVOs) are based on voluntarism, are non-profit oriented, and feel a genuine concern for the hardships of the less fortunate groups in the community.
2. NGOs work at the grass-root level, close to the target groups, and are trusted by the people they serve.
3. NGOs are more flexible than government systems in responding to the needs and challenges that confront them.
4. Volunteers connected with NGOs mostly consist of professionals who, because of their eagerness and sincerity to help the less fortunate groups, are usually ready to assimilate new ideas (and training) which may improve their capabilities for offering services.

### Constraints

Despite those advantages, NGOs usually face constraints, including the following:

1. Many of the NGOs which are closest to the more disadvantaged communities lack management capabilities; this constraint is often compounded by an eagerness to pursue nearsighted objectives, rather than broader development goals.



2. This is further reflected in their inability to generate needed resources or to absorb available resources.
3. NGOs tend to work independently (they in fact place a high value on independence) and are less willing to consider cooperation with other NGOs. This may result in inefficiencies in achieving common goals.
4. Rivalry, suspicion and a feeling of competition that prevails (in both directions) between government officials and NGOs, as well as among NGOs, can hinder true cooperation among NGOs and between NGOs and government. This situation is mostly the result of lack of understanding of the constraints inherent to government bureaucracy and of the nature of NGOs.
5. The diversity of capabilities and capacities among the NGOs make coordination difficult and sometimes leads to rivalry and resentment among NGOs (many NGOs may feel they are treated differently compared to others).

### Opportunities and Challenges

1. Legally and politically the role of NGO participation in national development and consequently in MCH and family planning, is already recognized and accepted.
2. There is still a great need to speed up the development of human resources in Indonesia.
3. The era of globalization will open more opportunities and challenges for cooperation between developing and developed countries in human resource development aspects.
4. A new spirit is prevailing among the donor agencies to support development activities through the participation of NGOs.
5. The atmosphere of "de-bureaucratization" in Indonesia and the worldwide movement toward "privatization" will enhance the opportunities for NGO roles in every aspect of national development.
6. The large number of youth in the population in Indonesia and their potential for high fertility and large absolute numbers of births presents challenges that will have to be dealt with in the very near future to safeguard the success achieved thus far with the family planning program.

## Strategy to Enhance the Effectiveness of Government and NGO Collaboration

The Indonesian participants arrived at the consensus that concrete action should be taken to achieve enhanced cooperation between GOI and NGOs in the near future. To this end, the following steps were proposed:

1. To develop and institutionalize an NGO Coordinating Forum for Maternal Health and Family Planning geared to enhance the sense of belonging and responsibility among the NGOs involved. The design of a plan for NGO action and its implementation, monitoring and evaluation should be discussed at this Forum.

**Forum to be established by January 1992.**

**Initiator: NGOs in consultation with MOH, BKKBN and BAPPENAS.**  
**Donors to assist as required.**

2. To make an inventory of existing NGOs and other related institutions which are participating in maternal health and family planning programs. This inventory should be classified according to specialty, location and capabilities.

**Inventory to be conducted during February-April, 1992.**

**Initiator: Forum. Donors to assist as required.**

3. To support (if necessary providing technical assistance) the NGOs and to assess their capabilities, strengths and weaknesses, in order to enable them to find their specific roles in the program.

**Initiators: BKKBN/MOH with donor assistance --February-August, 1992.**

4. To accelerate participation of potential NGOs in the maternal health and family planning programs.

**Initiators: Donors to follow-up on a routine basis.**

5. To develop a program in support of NGOs for strengthening their management capabilities in order to improve their performance in absorbing funds and implementing their programs in accordance with their capacity and specialized competence.

**Initiators: Forum and donors --June-December, 1992.**

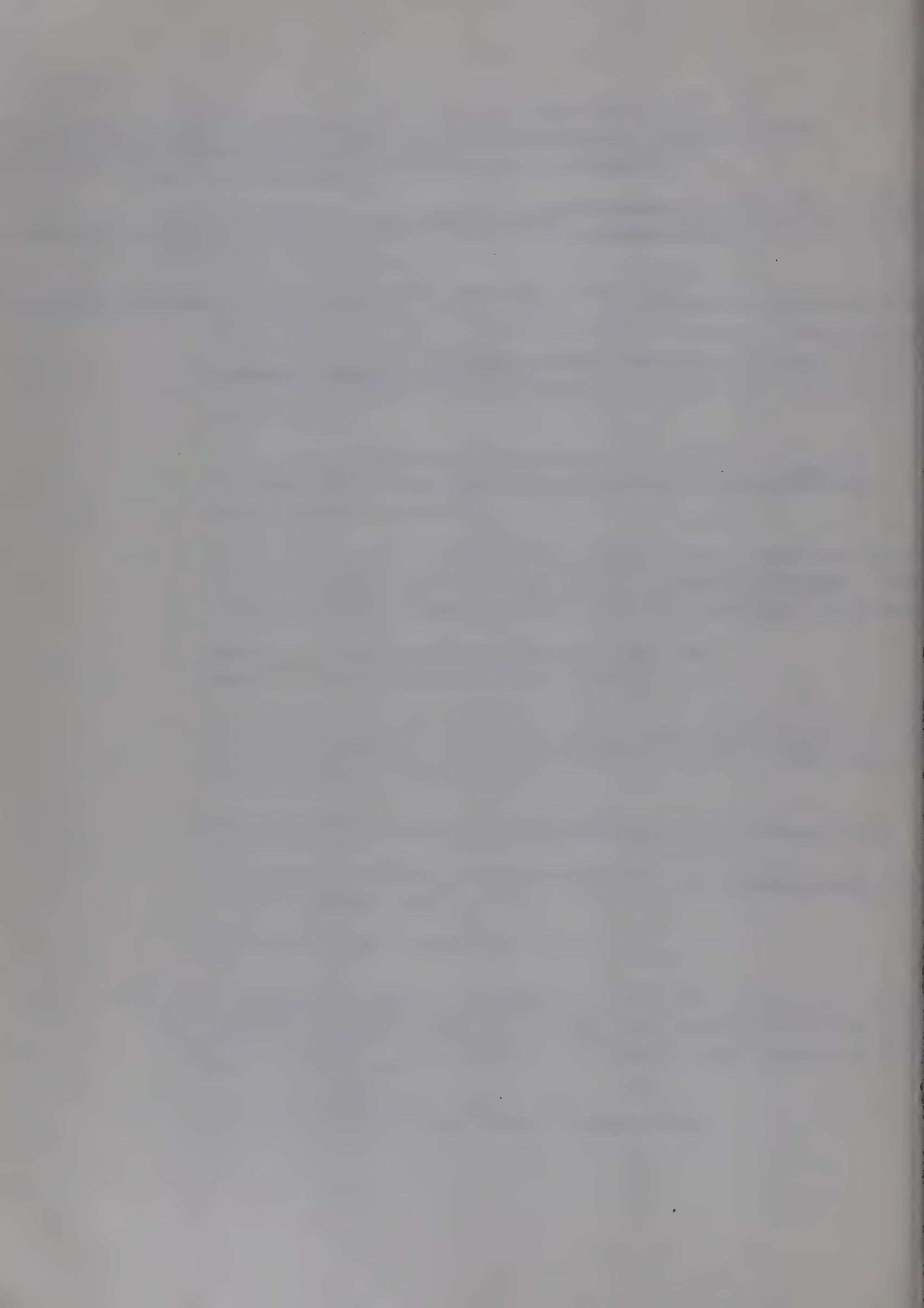


6. To develop networking systems and mechanisms between government and NGOs for collaboration in family planning and maternal health programs including provision of guidance and protection on legal matters.

**Initiators:** Forum with participation of MOH, BKKBN and BAPPENAS.  
**During 1992.**

7. To develop an "Information Clearing House" on the roles and achievements of NGOs.

**Initiator:** Forum, with donor assistance as required.





October 12, 1991

**SEMINAR ON COLLABORATION BETWEEN GOVERNMENT AND  
NON-GOVERNMENT ORGANIZATIONS FOR MATERNAL HEALTH  
AND FAMILY PLANNING PROGRAMS**

**Strategy and Plan of Action for Enhancing Government/NGO Collaboration in  
Maternal Health and Family Planning in Pakistan**

The 5 day Seminar on Collaboration between Government and NGO's for Maternal Health and Family Planning Programme has come to an end and the rich experiences shared with the participants of Indonesia, India, Bangladesh and Philippines and the presentation made by eminent resource persons have enriched our knowledge and enhanced our eagerness to work with greater zeal on the collaboration with our own governments.

The high population growth rate of our country (3.1%) and equally high maternal mortality (26,000-30,000 per year) can't be allowed to go unaided any longer by governments nor NGO's. The issue is critical. Hence, in view of the urgency of the matter, government will be requested to involve and collaborate with the NGO community in the country to increase programmes toward lowering the birth rate and providing better maternal care.

This seminar is very timely, for the President of Pakistan has recently come out with a very strong commitment and policy statement to accelerate the population welfare programme in the country for reducing the growth rate from 3.1% to 2.6% in the next 10 years. This is evident in the Political Commitment made by the Prime-Minister of Pakistan on the World Population Day on the 11th of July 1991. The government at highest level is fully aware of the alarming situation, and from the highest strata of power, directives have also been received by NGO's to focus their attention to provide MH/FP services in particularly unattended rural areas.

The present programmes of MH/FP in the country, together with the Government's and NGOs combined efforts, do not give coverage to more than 25% of the population. Recent studies have shown that the unmet need for such services is over 56%. The gap needs to be reduced drastically with greater NGO/Government collaborative efforts. The NGO potential in the country is under-utilized. The NGO community has expertise in specific areas in which, if recognized by the government, greater collaboration would become evident.

NGOs could share their expertise in the area of IEC Materials Development, Research and Case Studies, consultancies training (Human Resources Development), grass roots community involvement and innovative approaches to MH/FP in a variety of ways in different dimensions and disciplines.



These will improve NGO capabilities in both management and performance. Realizing and recognizing these specializations of NGO sectors needs to be encouraged to institutionalize these services for the greater cause of the country.

Due to fluctuating policies, sometimes strong and sometimes weak, the National Population Programme has encountered set backs - especially at the NGO level. Government must ensure long term programme strategies for the vitally important MH/FP sectors and take NGOs as equal partners and develop an effective and efficient NGO/Government relationship. The effective and long-term NGO/Government collaboration will have support and assistance from the donor community. As has become evident from the Child Survival programme, Pakistan has suffered in the implementation of the immunization programme. In these efforts, collaboration from NGOs was sought and found. There is every reason to believe that the already existing infrastructure to work with NGOs in the country through the NGOCC in the MH/FP area will enhance quality. Increased involvement of NGO's in MH/FP activities will not pose a big problem. The climate in Pakistan is most appropriate now to start these collaborative activities. The present government strongly believes in privatization of services and decentralizing of structures.

Donor agencies should perhaps find the climate more conducive than ever before. NGO's already have structured and administered arrangements with government to work through donor assistance. As a matter of fact the mechanism has been simplified. Its needs to be put in action. It is a question of now or never. The team feels that in Pakistan the NGOs will now lobby with the relevant ministry for greater NGO/Government collaboration for enhancing MH/FP coverage and sharing greater responsibilities for giving this programme a strong base and back-up support.

The donors who are presently supporting NGOs in Pakistan through the NGOCC, like UNFPA, could perhaps accelerate their funding to NGO programmes in Pakistan, as the first step leading toward greater collaboration between donor and NGOs with Government concurrence.

The World Bank's interest in the NGO community is very encouraging. We only hope the Bank can find measures to extend their assistance to NGOs for greater involvement of NGOs in increasing Maternal Health/Family Planning programmes.

Some issues and questions raised regarding the possibility of greater collaboration between Government and NGOs are answered below.

1. Does your country team believe that Government/NGO collaboration in your country could be improved?



The Country team believes very strongly that collaboration between the Government and NGOs can always be improved as long as there is a mutual understanding of the roles that both groups have in providing MCH/FP services.

2. The group identified the following few obstacles that interfere with effective Government/NGO collaboration in Pakistan and can perhaps be removed.
  - I. So far there has been a lack of effective involvement of NGOs in National Policies and Plan formulation.
  - II. Even in the presence of a policy laid down by the government on NGOs, there are gaps between Policy statements and its actual implementation.
  - III. Another constraint identified by the group was inadequate communication between Government of Pakistan & NGOs.
  - IV. There are inconsistencies in funding mechanisms.
  - V. In all fairness, the Government also is not provided relevant and complete information by NGOs, their capabilities, outreach, which is a limiting factor to Government & NGOs collaboration.

Some of these obstacles can be removed, some others related to policy may need more time because they are a continuous process.

	<u>Needs less than 1 year</u>	<u>Needs more than 1 year</u>
a. Effective Involvement	Yes	
b. Gaps between Policy & implementation		Yes
c. Inadequate communication	Yes	
d. Inconsistencies in funding	Yes	
e. Full information to Government of Pakistan on NGOs.		Yes

3. Measures to remove these obstacles: obstacles can be removed through more interaction and an improved flow of information.
4. These measures would have to be implemented through the Ministry of Population Welfare and Ministry of Health.
5. Collaboration can be improved through:
  - I Increasing appreciation by the Government of the role being played by NGOs in MCH/FP.
  - II This is further reinforced by the fact that most donors are positive to NGO participation and more supportive of this conducive environment.
6. Continuous dialogue between the Ministries concerned and NGOs are needed.
7. The team in return will request the Advisor to the P M on population to convene a tripartite meeting to be attended by the representatives of the Government and national NGOs of donors.
8. The action will be initiated through the NGO community in the country.



October 12, 1991

**SEMINAR ON COLLABORATION BETWEEN GOVERNMENT AND  
NON-GOVERNMENT ORGANIZATIONS FOR MATERNAL HEALTH  
AND FAMILY PLANNING PROGRAMS**

**Strategy and Plan of Action for Enhancing Government/NGO Collaboration in  
Maternal Health and Family Planning in The Philippines**

**4 SIGNIFICANT CHANGES:**

**BEFORE:**

Goal:

To reduce fertility

Role of  
Government:

As advocate of population  
and development

Institutional/  
Operational  
Locus of  
Responsibility:

POPCOM

Nature of Program  
Thrust:

Lacked crucial domestic  
political and financial  
support

**NOW:**

To improve family  
welfare by providing  
accurate, timely  
information and  
services to support  
individual couple's  
fertility reduction.

As service provider, to  
address demand based  
on demonstrated  
benefits of FP for  
health of mothers  
and children; married  
couples expressed  
fertility preference.

DOH

Domestically and not  
externally driven.

New programs  
grounded on  
consensus building.

International donor  
agencies consulted; in  
the process, new  
funding was  
committed.

OBSTACLES	M E A S U R E S		AGENCY RESPONSIBILITY
	SHORT-TERM	LONG-TERM	
1. Inadequate flow of info on MCH/FP policies/guidelines within GOs/NGOs (vertical) and between GOs/NGOs (horizontal)	<ul style="list-style-type: none"> <li>. Utilize existing GO/NGO networks at all levels to disseminate info. on MCH/FP policies/guidelines</li> <li>. Conduct regular forum/dialogue</li> <li>. Tap multi-media-audiovisual/print</li> </ul>	<ul style="list-style-type: none"> <li>. Institutionalize participation of NGOs in the area program-based planning of DOH (multi-level)</li> </ul>	TS MCH CHS NGOs
2. Need to nationalize distribution of GO/NGO services	<ul style="list-style-type: none"> <li>. Area coordinating and participating Agency accreditation committee to finalize/disseminate guidelines delineating GO/NGO catchment areas</li> </ul>	<ul style="list-style-type: none"> <li>. Implement guidelines</li> </ul>	TS Local Health Boards Local Population Committees
3. Poor access of NGOs, particularly LINGOs, to MCH/FP resources	<ul style="list-style-type: none"> <li>. Identify LINGOs to be assisted through the DOH network or the NGO umbrella organizations</li> </ul>		TS CHS NGO umbrella organizations.
	<ul style="list-style-type: none"> <li>. Assist LINGOs in developing technical/management/financial capabilities</li> </ul>		TS NGO umbrella organizations.
	<ul style="list-style-type: none"> <li>. Use BINGO as a conduit of funds for LINGOs</li> </ul>		TS
	<ul style="list-style-type: none"> <li>. Seek other external sources of funds to support LINGO projects</li> </ul>		
4. Inadequate GO policies to support and promote NGO efforts towards sustainability	<ul style="list-style-type: none"> <li>. Set policies to allow/enable NGOs to undertake cost-recovery and IGP activities</li> </ul>	<ul style="list-style-type: none"> <li>. Implement policies/guidelines</li> </ul>	TS



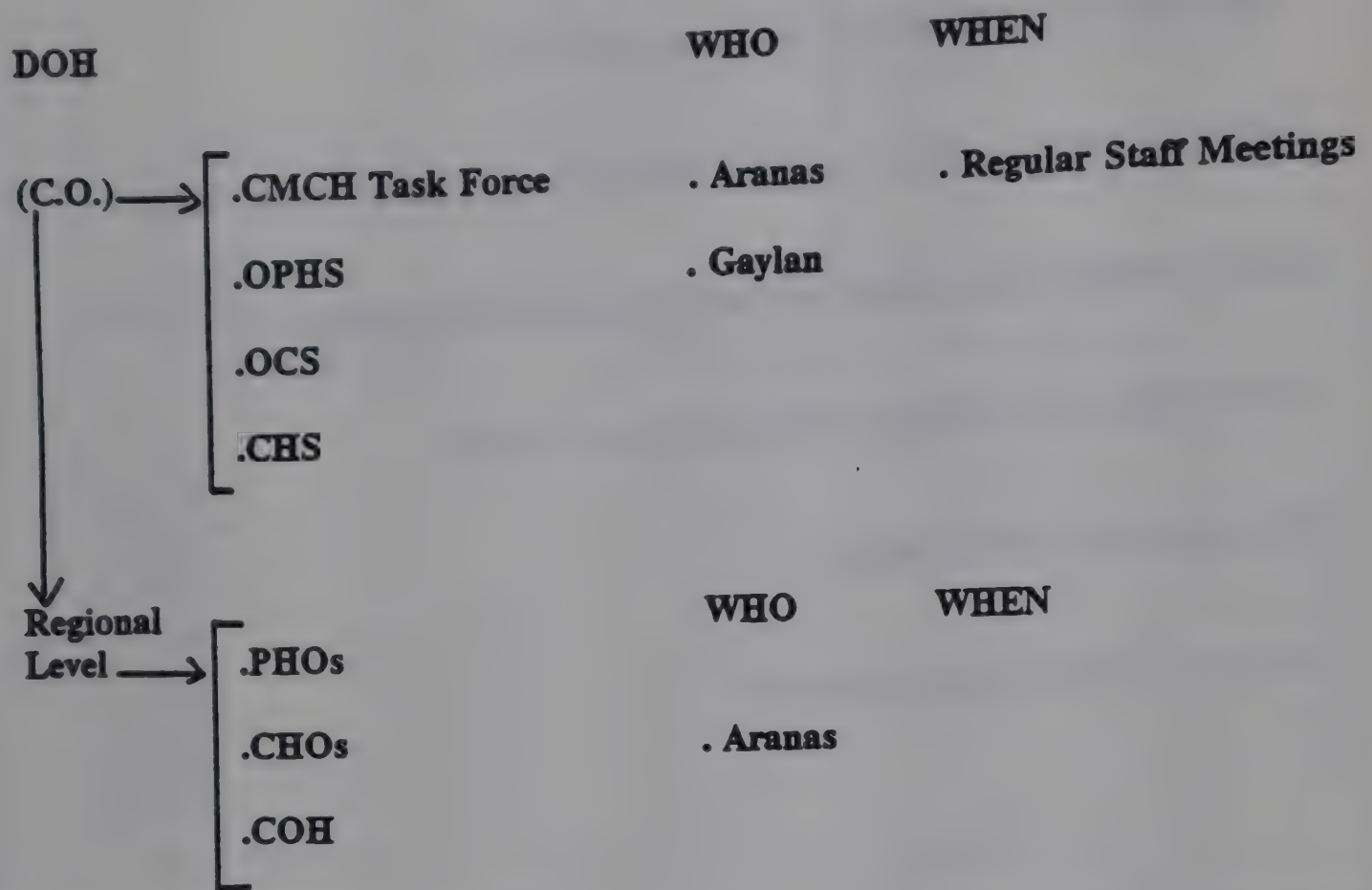
## **OPPORTUNITIES:**

- . Government's recognition of vital role of NGOs
- . Local Government Code - Local Health Board with NGO membership
- . High political commitment to promote/support NGO participation
- . Networking and coalition building activities of NGOs
- . On-going crisis in the country
- . Interest of International Community

## **HOW DIALOGUE IS TO BE MAINTAINED:**

- 1) Feedback seminar results to respective organizations (last Quarter of 1991)
- 2) Consultative-planning with other NGO's and GO representatives (first Quarter of 1992)

## FEEDBACK SCHEME (DOH/NGOs)



NGO	National	PNGOC	<u>Tess Bagasao</u>
		Woman Health	<u>Princess Nemenzo</u>
	Provincial	ACCORD	Edith Villanueva



## **PLANS OF NGOs IN MCH/FP (2-YEARS)**

- . Lobby against Legislative measures that limit free contraceptive choice
- . Assist in capability building of other small NGOs
- . Provide services to groups whose MCH/FP needs are not adequately met by existing program scope, e.g. - adolescent sexuality
- . Assist in continuing public education for MCH/FP







